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NOTIFICATIONS BY GOVERNMENT

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HEALTH, MEDICAL & FAMILY WELFARE DEPARTMENT (B2)

MALARIA ELIMINATION - NOTIFICATION OF MALARIA CASES.

[G.O.Ms.No. 36, Health, Medical & Family Welfare (B2), 11th April, 2018.]

NOTIFICATION

In exercise of the powers conferred by section 62 (1) of the Andhra Pradesh (Andhra Area) Public Health Act, 1939 the Government hereby declare that Malaria is a notified disease in the State for the purpose of the said Act.

Malaria continues to be major public health concern in India accounting for substantial morbidity and mortality, intense transmission is still going on in the underserved rural, tribal and forested areas. In Andhra Pradesh also considerable number of Malaria cases reported every year and the incidence is more in the tribal/ agency areas of Srikakulam, Vizianagaram, Visakhapatnam, East Godavari and West Godavari Districts. In other districts the cases are reporting moderately in particular areas.

In the last decade interest in Malaria Elimination has rejuvenated because of evidence generated from our country and several other countries based on availability and strategic deployment of the cost effective interventions in the form of bivalent rapid diagnostic tests (bRDT), Artemisinin - based combination therapy (ACT) and Long Lasting Insecticidal nets (LLINs) and new tools for improved programme management.

Malaria in India reduced significantly over the years with an overall decline in Malaria related morbidity and mortality. In A.P., state also the Malaria cases reduced considerably. India has a vision of a Malaria free country by 2027 and Elimination by 2030 with the support of different interventions. However, the country still faces daunting challenges, as Malaria epidemiology exhibits enormous heterogeneity and complexity. The disease is mainly concentrate in tribal and remote areas.

The objectives of strategic plan are :-

- Achieve universal coverage of case detection and treatment services in endemic districts to ensure 100% parasitological diagnosis of all suspected Malaria cases and complete treatment of all confirmed Malaria cases.
- Strengthen the surveillance system to detect, notify, investigate, classify and respond to all cases and foci in all districts to move towards Malaria Elimination.
- Achieve near universal coverage of populations at risk of Malaria with an appropriate vector control interventions.
- Achieve near universal coverage by appropriate behaviour change communication (BCC) activities to improve knowledge, awareness and responsive behaviour regarding effective preventive and curative interventions for Malaria Elimination.
- Provide effective programme management and coordination at all levels to deliver a combination of target interventions for Malaria Elimination.

The following guiding principles will determine the direction and pace of Malaria Elimination in the Districts and State.

- Political commitment, leader ship and owner ship by state/districts.
- Equitable access to services, especially for the most vulnerable and underserved geographical areas and populations at risk of Malaria.
- Quality health care service delivery.
- Community mobilization and participation.
- Intersectoral approach involving all stakeholders.
- Promotion of innovative tools and newer approaches by having operational research.
- Delegation of responsibility and fixing accountability.

Diagnosis of Malaria:-

Malaria treatment is recommended only after parasitological confirmation of suspected malaria cases is done through prompt quality assured diagnostic testing (Quality microscopy or Quality assured bRDTs) in all settings.

Use of bRDTs for diagnosis is recommended at community level especially in the hard-to-reach remote areas were microscopy services not well within reach and easily accessible. This is to ensure early diagnosis and treatment initiations within 24 hours.

Case Management:-

Early detection and complete treatment is the policy for the case management. Once the diagnosis has been made, appropriate anti-Malarial treatment must be initiated immediately to ensure radical cure as per the latest National Malaria Drug Policy.

Plasmodium falciparum (Pf) infections can cause rapidly progressive severe illness or death. Therefore, the urgent initiation of appropriate anti-Malarial treatment therapy is especially critical.

In Plasmodium vivax (Pv) infections, patients having recovered from the first episode of illness may suffer several additional attacks (relapses) after months or even years with or without symptoms.

Artesunate/Quinine injection is a drug of choice for treatment for severe malaria, followed by a complete dose of ACT.

Quinine remains the treatment of choice for pregnant mothers during the first trimester of pregnancy, children under 5Kg body weight, and for treatment failures.

Chloroquine remains the drug of choice along with Primaquine for treatment of uncomplicated Pv Malaria.

Mixed infection (Pv and Pf) should be treated as a case of Pf and treated with ACT and 14 days radical treatment as prescribed for Pv cases.

Diagnosis and case management of un- complicated and sever malaria at public sector health facilities is free of charge.

OBJECTIVES:-

Ensure early case detection and prompt treatment by test, treat and track (the 3Ts) of every case of Malaria.

- To achieve 100% parasitological diagnosis of Malaria cases using bRDTs and / or microscopy within 24 hours onset of fever.
- To ensure treatment of malaria cases (100%) in accordance with the National Malaria Drug Policy and treatment guidelines within 24 hours of onset of fever.

- To manage 100% of sever malaria cases according to national guidelines.
- Toensure that all private practitioners follow the national policy for diagnosis and treatment of uncomplicated and sever malaria.
- To ensure that each and every district has adequate infrastructure, facilities and capacity to treat severe cases of malaria without any charge, and such facilities are notified both in the public and private sectors.

The Doctors in health institutions and registered medical private practitioners of private hospitals/ nursing homes/clinics are required to immediately inform the office of the district health authority of concerned district if a malaria positive case reported at their health institution duly furnishing the complete details of patients for administering the radical treatment and initiating further necessary action.

A patient can be declared positive for malaria by prompt quality assured diagnostic testing through quality assured bRDTs or quality microscopy.

The information of malaria positive case should be sent to the office of the District health authority immediately after the diagnosis for administering complete radical treatment and for necessary actions as malaria is a notifiable disease.

POONAM MALAKONDAIAH,
Principal Secretary to Government.

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